

**OFFICE OF STATE COURTS ADMINSTRATOR****APPLICATION EMPLOYMENT***"AN EQUAL OPPORTUNITY EMPLOYER"*Website address: <http://www.courts.mo.gov/osca/index.nsf>

IDENTIFICATION			FOR AGENCY USE ONLY
NAME (LAST, FIRST, MIDDLE)			
PRESENT MAILING ADDRESS (STREET AND NUMBER)			
CITY	STATE	ZIP CODE	
TELEPHONE NUMBERS WHERE YOU CAN BE REACHED REGARDING EMPLOYMENT ( ) ( )			SOCIAL SECURITY NUMBER - - - - -
OTHER NAMES IN WHICH EMPLOYMENT, MILITARY OR EDUCATION RECORDS MAY BE FOUND			COUNTY OF LEGAL RESIDENCE

EDUCATION	
HIGH SCHOOL GRADUATE OR GED TEST PASSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12
NAME OF SCHOOL	
LOCATION (CITY AND STATE)	

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.)				
NAME AND LOCATION	CREDITS EARNED		DEGREE TYPE	MAJOR/MINOR (Attach Transcripts)
	QUARTER HOURS	SEMESTER HOURS		

INDICATE SEMESTER HOURS COLLEGE CREDIT IN THESE AREAS: COPY OF TRANSCRIPT MUST BE ATTACHED					
_____ Accounting	_____ Business Administration	_____ Computer Science/Information	_____ History	_____ Political Science	_____ Social Work
_____ Agriculture	_____ Chemistry	_____ Economics	_____ Journalism	_____ Psychology	_____ Sociology
_____ Biological Sciences	_____ Criminal Justice	_____ Education	_____ Mathematics	_____ Recreation	_____ Statistics

CERTIFICATES/LICENSES – COPY OF CERTIFICATE MUST BE ATTACHED				
If you are currently certified, registered, or licensed to practice a profession or occupation, please complete the following section:				
LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/ SPECIALIZATION	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	EXPIRATION DATE

SKILLS			
WHAT OFFICE EQUIPMENT CAN YOU OPERATE EFFICIENTLY?			
LIST SOFTWARE AT WHICH YOU ARE PROFICIENT			
TYPING SPEED NET WPM	DICTATION SPEED WPM	DATE OF LAST TEST	NAME OF ADMINISTERING ORGANIZATION

**EXPERIENCE RECORD (PAID AND VOLUNTEER)**

- List your work experience, starting with the most recent. If you have more than one job with the same organization, list each separately. The information you give in the "Duties" section is used to determine your qualifications. Incomplete descriptions may result in your not being qualified or in lower ratings.
- To describe additional experience or add more detail to the "duties" section, complete a blank sheet of paper using the same format as used here and identify the job to which it relates. **A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW; HOWEVER, IT MAY BE SUBMITTED AS A SUPPLEMENT.**

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	To: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES PLEASE INDICATE NUMBER AND TYPES OF WORK THEY DID.

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KIND OF BUSINESS			
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HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
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**POSITIONS AND AVAILABILITY**

TITLE OF POSITION APPLIED FOR	OFFICE USE ONLY	DATE AVAILABLE TO BEGIN WORK
1.		MINIMUM MONTHLY SALARY REQUIRED
2.		TYPE OF WORK DESIRED:
3.		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY
4.		<input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER ONLY
5.		

**PERSONAL DATA**

A. Have you ever been convicted of a felony? ☐ Yes ☐ No

List all such cases in the "Remarks" section and in each case give:

1. The date, court and county location;
2. The nature (type) of offense or violation (stealing, burglary, etc.);
3. The penalty imposed (disposition)

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on individual merit; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Are you authorized to work in the US.? ☐ Yes ☐ No

C. Are you willing to travel if it is required? ☐ Yes ☐ No

D. Are you related by blood or marriage to any current employee of the Office of State Courts Administrator? ☐ Yes ☐ No

If so, please state employee's name and relationship to you. \_\_\_\_\_

**SELECTIVE SERVICE REGISTRATION**

In accordance with RSMo 105.1213, all persons seeking state employment who meet the required criteria must register with the selective service system pursuant to the provisions of the United States Military Selective Service Act. This affects almost all male citizens and male aliens living in the U.S. who are between the ages of 18 and 26.

I certify by my signature, that I am subject to the criteria outlined in the United States Military Selective Service Act, and that I have properly registered. I further understand that if I am offered a position with the Office of Sate Courts Administrator, I must submit proof of service registration upon employment.

Signature	Date
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**STATE INCOME TAX COMPLIANCE**

As a condition of continued employment with the state of Missouri, §105.262 RSMo requires all persons employed by the executive, legislative, or judicial branch shall file all state income tax returns and pay all state income taxes owed.

I have read and understand this provision. Applicant's Initials \_\_\_\_\_ Date \_\_\_\_\_

## PRE-EMPLOYMENT QUESTIONNAIRE

As part of the pre-employment process, please respond to the following questions. Answering 'yes' to either question will not automatically disqualify you from consideration. Previous situations may or may not be relevant to the position you have applied for at OSCA. Therefore, the information you provide will be considered only in context with the requirements of the position being filled.

1. In the past five years, have you received a formal reprimand, suspension, or been dismissed because of performance issues?

Yes ☐ No ☐

If yes, please describe the reasons for the discipline:

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2. In the past five years, have you received a formal reprimand, suspension or been dismissed for misconduct?

Yes ☐ No ☐

If yes, please describe the reasons for the discipline:

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## APPLICANT CERTIFICATION

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected and/or I will be dismissed from employment.

Signature

Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my previous employers or any educational institutions I have attended to release to the Office of State Courts Administrator's authorized representative any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the Office of State Court Administrator to examine copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

Signature

Date

Completed application may be mailed to:

Office of State Courts Administrator  
Attention: Human Resources  
P.O. Box 104480  
Jefferson City, MO 65110

OFFICE OF STATE COURTS ADMINISTRATOR  
HUMAN RESOURCES SECTION  
**APPLICANT CHARACTERISTIC SURVEY**

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, or disability. The Office of State Courts Administrator will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete and "Employment Eligibility Verification" (Form I-9) and produce requested documentation at the time of employment.

The following requested information is **VOLUNTARY** and will be kept in a confidential file separate from the application for employment. This information in no way affects you as an individual applicant. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

Please type of legibly print all information.

Date	Name (Optional)
<u>Referral Service</u>  <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Newspaper Ad</div><div><input type="checkbox"/> Walk-in</div><div><input type="checkbox"/> Relative</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Website</div><div><input type="checkbox"/> Friend</div><div><input type="checkbox"/> Other (Specify) _____</div></div>	
<u>Sex</u>  <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Male</div><div><input type="checkbox"/> Female</div></div>	
<u>Race/Ethnic Group</u>  <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Asian</div><div><input type="checkbox"/> American Indian or Native Alaskan</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Native Hawaiian or other Pacific Islander</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Black or African American</div><div><input type="checkbox"/> Other (Please specify) _____</div></div> <div><input type="checkbox"/> Hispanic</div>	
Are you a Vietnam Era Veteran?  <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	
Can you perform the essential functions of the position for which you have applied with or without reasonable accommodation?  <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	
Remarks: _____ _____ _____ _____	
Please return to:  Office of State Courts Administrator Attention: Human Resources PO Box 104480 Jefferson City, MO 65110	